



City of Saint Paul
Saint Paul Parks and Recreation

FIELD TRIP PARENTAL AUTHORIZATION FORM

First Name	Last Name of Participant	
Home Address	Home Phone	Child's Age

has my/our consent to participate in a field trip to: **Williams Arena in Minneapolis**

Sponsored by, City of Saint Paul on **Monday, February 2nd, 2009**

We will depart from **Area Rec Centers** at **3:30pm**

We are scheduled to return at approximately at **9:30pm**

Type(s) of activities to be included in this field trip are: **Sports Activities run by Gopher student athletes and Alumni for boys & girls in 2nd thru 5th grade, Parent Clinic to discuss developing physically active youth & Watch the Gophers take on Michigan State**

Please provide the following information to us about your child:

Emergency phone number of a responsible adult in case a parent or guardian cannot be reached:

First Name	Last Name	Relationship to Child	Phone
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Does your child have special health needs which will require individual monitoring or supervision on this field trip? ☐ Yes ☐ No If yes, please explain:

Allergies to food or medication

If child will need to take medication during this field trip please ask and fill out medication form. I/We consent to my child's participation on

Field Trip

field trip, with the Parks and Recreation facility and staff named above. In the unlikely event of an emergency, I/We authorize the Parks and Recreation staff to provide or arrange for basic medical care for my/our child and expect that they will contact me/us at the earliest opportunity.

Parent(s)/Guardian Signature	Date
Work Phone <hr/>	Home Phone <hr/>
	Cell Phone <hr/>

Email Address
